

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-1057

Title: AN ACT CONCERNING OPIOID USE DISORDER.

Vote Date: 3/29/2019

Vote Action: Joint Favorable Substitute

PH Date: 3/25/2019

File No.:

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This legislation is proposed to combat the opioid use disorder in the Connecticut. The bill makes various changes to prevent and treat opioid use.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, MD, MPH, Commissioner of the Department of Public Health (DPH): The Department supports the intent of this bill which would strengthen existing laws to combat the opioid crisis in Connecticut notably concepts raised in Sections 1,3,7 and 8, which expand the availability of, and clarify the role of prescribing practitioners and pharmacists in dispensing opioid antagonists to a person at risk of an overdose, as well as to a family member or friend who may be in a position to assist a person at potential risk for an overdose. DPH also recommends that friends and family members of a person at potential risk for overdose carry a prescription for the antagonist naloxone.

Regarding Section 2 of the bill which is a study of the efficacy of establishing a community – based opioid use treatment program that uses one or more home health agencies, DPH requests to participate in such a study to provide technical guidance regarding the scope and provision of services that home health agencies may provide. The Department believes its participation in this process would be valuable, since DPH has expertise regarding home health agency regulations and behavioral health facilities.

Regarding the definition of “Opioid use disorder” the Department would like the language clarified. Stigma is a major concern to health providers responding to patients with opioid use disorder. It is less stigmatizing to define opioid disorder as a medical condition. DPH recommends an alternative definition: “Opioid use disorder” means a medical condition

characterized by a problematic pattern of opioid use and misuse leading to clinically significant impairment or distress”.

Regarding Section 4 of the bill that requires emergency medical services personnel complete a mental health first aid training as approved by the Department, DPH is not the appropriate agency to approve this training and would not be able to accomplish this mandate within existing resources. It is of note that passage of SB 1005, *AAC the Department of Public Health’s Recommendations Regarding Revisions to Emergency Medical Services Definitions, Certification and Continuing Education Requirements*, would ensure that all EMS personnel are compliant with national standards.

Regarding Section 5 of the bill which requires any hospital treating a patient to provide mental health screening, the Department encourages the Committee to consider applying this requirement to other drug overdoses which result in emergency room visits or hospitalizations. Also, the bill does not provide any guidance to such patients regarding behavioral health resources that may be available to assist them.

Miriam Delphin-Rittmon, Commissioner, Department of Mental Health and Addiction Services (DHMAS): DHMAS is in support of the availability of opioid antagonists to reduce unnecessary deaths. As a leader in addressing this crisis, the state has made opioid antagonists available to every Connecticut hospital emergency department using federal funds. Although DHMAS is not able to provide this medication to every college, the Department does have experts available to train college campuses on opioid antagonist use.

Section 2 of the bill requires DHMAS to conduct a study of the efficacy of home health care agencies providing medication assisted treatment (MAT) for opioid disorders; however, the Department does not have the resources to conduct such a study. DHMAS would be able to provide a literature review on this topic, as well as how this service could potentially work within the current continuum of services available. Regarding Sections 3 and 5 of the bill, DHMAS recommends the same change in the definition of “Opioid use disorder” as stated above in the testimony from the DPH. Although DHMAS has sponsored training in Connecticut for individuals to become certified as mental health, the Department defers to the DPH on the feasibility of implementing section 4 of the bill related to emergency response services training in mental health first aid.

James Gill, MD, Chief Medical Examiner (CME): The CME supports this legislation. By statute all suspected drug overdose deaths must be reported to the CME. The death certificates are public health tools that identify and track specific causes and manner of death. More Connecticut residents are dying from accidental overdoses than the combined total of homicides, suicides and motor vehicle fatalities. Analysis of death certificate data is an effective tool that can show how the opioid crisis is changing, whether improving or worsening, and the drugs involved.

Michelle Seagull, Commissioner of the Department of Consumer Protection (DCP): The DCP supports this legislation with the following recommendations. The Department suggests

amending Section 1 to require that institutions of higher education designate a medical professional to be in charge of the purchase, storage and distribution of opioid antagonists on their campuses, and to ensure appropriate instruction for administering antagonists. Also, in Sections 6, 7 and 8, the Department recommends that the term dispensed not be replaced by the word delivered. Such a change is unnecessary and inconsistent with current statutes.

NATURE AND SOURCES OF SUPPORT:

Connecticut State Medical Society (CSMS): CSMS supports the proactive approach identified in this legislation. The use of medication assisted treatment (MAT) is lagging in many drug rehabilitation programs and this bill will strengthen this approach. However, CSMS has one concern regarding the provision of opioid antagonists. They caution that this could involve compassionate dispensing and not true prescribing which legally requires a patient –physician. While CSMS supports this legislation, they urge the committee to amend the language to reflect an important legal distinction.

Rudy Marconi, First Selectman and Member of the Board of the Connecticut Conference of Municipalities (CCM): CCM supports this legislation which will strengthen initiatives adopted in previous years and provide more help to our communities as they respond to the opioid crisis that is devastating individuals and their families.

Mary Glynn from Plainville: In her testimony, Ms. Glynn shared her personal experience of the devastating effects both emotionally and financially with opioid abuse disorder in her family. She understands that SB 1057 applies primarily to educational institutions, Medicaid regulations and the availability of opioid antagonists but asks the Committee to do whatever it can to help address access and coordination of care for individuals trying to navigate treatment with private insurance.

Heidi Pugliese, MSN,RN, Vice President , and Gloria Merritt, Regional Director Behavioral Health, Clinical Services Elara Caring- New England Home Care: Both Ms. Pugliese and Ms. Merritt submitted testimony in support of SB1057. As a clinical leader in the largest provider of Behavioral Health Home Health Care Services and they urge the Committee to recognize the value in partnering with their organization. In addition to community based MAT administration, New England Home Care’s specially trained behavioral health nurse can provide the necessary medication education, including Narcan training to individuals in their homes.

Joanne Santiago, D.C. President of the Connecticut Chiropractic Association Inc.(CTChiro): CTChiro supports the intent of this legislation but believes it is necessary to include non-drug methods of care. Patients should be made aware of the benefits of chiropractic and other non-pharmaceutical treatments prior to prescribing opioid medication and providing such care in the continuing treatment program.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association (CHA): CHA has concerns with the language in Section 5 of the bill. The language outlines the specific steps of care and treatment that a licensed healthcare provider must give to an individual. This creates an environment of defensive medicine and is not focused on the specific needs of the patient. Health care providers should not be forced to determine their loyalty between a one-size-fits-all regulatory mandate and their professional obligations to an individual patient.

Michael Zacchera, Chairman of the CT Emergence Medical Services (EMS) Education and Training Program: Mr. Zacchera opposes this legislation specifically pp 4-7, Section 4, lines 4-215 which would mandate mental health first aid training for all new EMS providers. He mentions that this bill came as a complete surprise which allowed little time to address his concerns. Mr. Zacchera does not object to the content of the training program but is concerned that it is a mandate. Time is already scarce in these classes. While class time could be extended it would come at a greater financial expense to students, cities and towns. Mr. Zacchera understands that the purpose of including mental health first aid training is to learn the signs of addiction. Mr. Zacchera points out that this is already in the standard EMS education and training program at all levels for providers. It is then reiterated when EMR, EMT and advanced EMT providers train for the administration of naloxone. His recommendation is to strike this entire section.

Reported by: Kathleen Panazza

Date: April 1